

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155630		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/16/2011	
NAME OF PROVIDER OR SUPPLIER FLATROCK RIVER LODGE				STREET ADDRESS, CITY, STATE, ZIP CODE 904 E 11TH ST RUSHVILLE, IN 46173			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint number IN00094640.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 6/24/11.</p> <p>Compliant number IN00094640 substantiated, no deficiencies related to the allegation are cited.</p> <p>Survey dates: August 15 and 16, 2011</p> <p>Facility number: 001126 Provider number: 155630 Aim number: 200011300</p> <p>Survey team: Sharon Lasher RN, TC Angel Tomlinson RN (August 15, 2011) Leslie Parrett RN (August 15, 2011) Cheryl Fielden RN (August 15, 2011)</p> <p>Census bed type: SNF/NF: 53 Residential: 12 Total: 65</p> <p>Census payor type: Medicare: 7 Medicaid: 33 Residential: 12 Other: 13 Total: 65</p> <p>Sample: 3</p> <p>Flatrock River Lodge was found to be in</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in regard to the Investigation of Complaint number IN00094640. Quality review completed 8/18/11 Cathy Emswiller RN			F 000			